



Sangamon County Building & Zoning
MECHANICAL APPLICATION
Room 213, 200 S. Ninth Street, Springfield, IL 62701
(217) 753-6760 or zoning@sangamonil.gov

FOR OFFICE USE ONLY

PERMIT#: _____

PARCEL#: _____

ZONING: _____

OWNER INFORMATION

Owner Name: _____

Owner Address/Zip: _____

Phone#: _____ Email (Print): _____

MECHANICAL CONTRACTOR

Name: _____

Address/Zip: _____

Phone#: _____ Email (Print): _____

PROJECT INFORMATION

Project Address or Parcel #: _____

Number of appliances being installed or replaced.

	#		#		#
Split System A/C < 5 Ton		Roof Top Unit <5 Ton		Boiler	
Split System A/C 6-10 Ton		Roof Top Unit 6-10 Ton		Make-up Air Unit	
Split System A/C > 10 Ton		Roof Top Unit > 10 Ton		Kitchen Exhaust Hood	
Electric Furnace		Infrared Heater		Hazardous Exhaust System	
Heat Pump		Unit Heater		Restroom Exhaust	
Forced Air Furnace		Radiant Tube Heater		Miscellaneous Exhaust	
Air Handling Unit		Duct Heater		Duct/Grill Relocation Only	
Space Heater		Cooling Tower/Evaporator		Duct Replacement	
Gas Pipe - # of openings		Gas Pipe- mobile home		Condenser Replacement	
Solid Fuel Appliance		Gas Appliance		Walk-in Refrigerator Equipment	
Other		Other		Reach-in Refrigerator Equipment	

SCOPE OF WORK

Please Explain In Detail: _____ Square Footing: _____ Material & Labor: _____

Please Read and Sign

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating any property lines, setback lines, easements, right of way, flood areas, etc., any construction within these areas may result in removal at the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be canceled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

Applicant Signature

Applicant Printed Name

Date

Applicant is: ☐ Building/property owner ☐ General Contractor Representative ☐ Tenant
☐ Other _____

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.

OFFICE USE ONLY

RESIDENTIAL

New Construction/Remodel/Alteration:

Square Feet x \$7.00 x .007

Minimum Fee: \$50.00

MECHANICAL UPGRADES

Material + Labor x .007

Minimum Fee: \$50.00

FIREPLACE IN EXISTING STRUCTURE/HOME

Material + Labor x .007

Minimum Fee: \$50.00

COMMERCIAL

Material + Labor x .009

Minimum Fee: \$50.00

PERMIT FEE:	
PENALTY FEE:	
TOTAL FEE:	